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# BUILDING THE FUTURE

for children and youth

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## NEXT STEPS

proposed by the

National Commission on Children in Wartime

● APRIL 1945

U. S. DEPARTMENT OF LABOR

CHILDREN'S BUREAU • PUBLICATION 310 Washington 25, D. C.



# National Commission on Children in Wartime

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# FOREWORD

On March 18, 1944, the National Commission on Children in Wartime adopted *Goals for Children and Youth in the Transition From War to Peace*.

Subsequently, the chairman of the Commission, Leonard W. Mayo, appointed from the Executive Committee of the Commission a Committee on Plans for Children and Youth to block out the areas in which planning was needed to attain the goals adopted and to work with the Children's Bureau and its advisory committees on the preparation of specific proposals for the consideration of the Executive Committee and the Commission.

During the year the following advisory committees of the Children's Bureau within their respective fields have considered specific objectives for administrative and legislative action and made their recommendations to the Bureau:

General Advisory Committee on Protection of Young Workers

General Advisory Committee on Social Services for Children and its subcommittee, Advisory Committee on Leisure-Time Services for Children

Advisory Committee on Maternal and Child-Health Services

Advisory Committee on Services for Crippled Children

The Committee on Plans for Children and Youth discussed the general scope of proposals to be developed, reviewed material on a wide range of subjects, held a series of conferences and discussions on State and community planning for children and youth, and drew together into a report proposals for the consideration of the Executive Committee.

The Executive Committee on February 16 and 17, 1945, reviewed with care the report submitted and made revisions in it. The discussion showed substantial agreement on the proposals and recommendations for action contained therein. Although there were some variations of opinion that are on file, the Executive Committee voted unanimously to adopt the report as a whole and to submit it to the members of the Commission for their consideration and comment before its publication in final form.

The report was reviewed by the members of the Commission and has been revised in the light of their comments and suggestions.

Subsequent reports will be prepared as further proposals are worked out and agreed upon.

The National Commission on Children in Wartime was originally appointed as the Children's Bureau Commission on Children in Wartime in February 1942. It was reappointed by the Chief of the Children's Bureau in February 1944.

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# BUILDING THE FUTURE FOR CHILDREN AND YOUTH

## NEXT STEPS proposed by the National Commission on Children in Wartime

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### A PLAN OF ACTION

Our victory in this war will be a victory for the future, a future that belongs to children and young people.

It belongs to the children who bore the brunt of the war in the breaking up of families, the uprooting of homes, and the migration of masses of people.

It belongs to the children who, in their formative years, had to adjust mentally and emotionally to the loss of their fathers, to families overburdened with worry and work, to a world too busy for play.

It belongs to the young people who, still in their teens, entered the service of their Nation to bear arms in battle, entered our workshops, and worked on our farms to produce for war.

From boys piloting combat planes to girls welding plate for our combat ships, our youngsters, not yet mature, have assumed many responsibilities beyond their years.

In winning battles at the front and on the production line, these young people have won for themselves and for their brothers and sisters the right to expect that their elders will protect them against future war and against future unemployment and want, and will provide them with the opportunity to realize the full promise of better and richer democratic life.

We cannot make good this promise unless we:

1. Safeguard family life;
2. Extend health services and medical care until they reach all mothers and children;
3. Assure to youth education and employment opportunity and protection;
4. Develop community recreation and leisure-time services for young people;

5. Assure social services to every child whose home conditions or individual difficulties require special attention;
6. Review and revise legislative safeguards and standards relating to children;
7. Enable Federal, State, and local governments to share the public responsibility for the health, education, and welfare of children;
8. Train professional personnel and prepare volunteers to render services to children and youth;
9. Provide increased opportunities for youth to share in the planning and development of programs for youth;
10. Educate parents, youth, and all citizens in the importance of providing full security and opportunity for children for the sake of their own happiness and well-being and for the future of the Nation.

These are the *Goals for Children and Youth in the Transition From War to Peace*, adopted by the National Commission on Children in Wartime, meeting in Washington, D. C., on March 18, 1944.

Within the framework of the Goals, the Executive Committee of this Commission has now marked out some steps which the American people, looking toward the better and richer democratic life we owe our children and youth, can take.

Full employment with adequate wage levels and conditions of work and insurance against the normal economic hazards of life are first essentials for every family if children are to have the chance to develop their full potentialities. But even when these are assured, there remain many services which children must have from the Federal Government and from the communities and States in which they live.

We must educate our citizens to recognize the fact that the health and welfare of children, no less than their education, are public responsibilities and that services should be made available as a matter of right. The present proposals are concerned with such services.

The war has demonstrated the importance of the emphasis America has placed on good care and full opportunities for its children. It has also demonstrated the strength and weakness in our provision of both. Discrepancies revealed by Selective Service point up clearly the necessity for providing for all children in all sections of the country as well as we have provided for some in the more favored sections. Often our services for children have been too little and too late.

We have a solid foundation on which to build. The principle of Federal cooperation with States and communities in developing their health, welfare,



and educational services for children and youth is well established in law. We have behind us years of experience in administering such public services. Where we have failed is in authorizing and providing these services on a scale sufficient to extend their benefits to all children.

While this report is based primarily on the needs of youth and upon the obligation of a democratic nation to provide the best possible care for its youth, the implementation of the program outlined should greatly strengthen the security of the Nation. It is to be hoped that international cooperation will be so successful after the close of the present war that the youth of the Nation will never again be called upon to suffer the horror of war. Only through such a program of international good will and cooperation can the objective of the present war be fully realized. Should war ever again become necessary the strength of the Nation and its ability to prepare quickly will depend on the physical fitness, mental alertness, emotional stability, and specialized training of its youth. The provision of adequate health, welfare, and educational services should be the first step in a general program of national security. Had such a program been provided following the World War of 1914-18 the Nation would have been in a much stronger position to meet the stresses of the present war.

The extent to which military training in the usual sense of the term must be considered in planning for youth can be determined only by future developments in international relations. It is clear, however, that preparation for modern warfare goes far beyond mere military drill and requires millions of men trained as technical, medical, and scientific experts. Such training is best given in the educational institutions of the Nation. Once such technical knowledge is acquired, the necessary military drill may be learned in a comparatively short period. A program of universal military training, therefore, which would take the youth out of the technical and vocational schools, might actually tend to weaken the national security rather than strengthen it.

The whole matter of national security in peacetime is so complicated and so integrated with the social, economic, and educational structure of the Nation, that no hasty action should be taken regarding it. We, therefore, urge the President of the United States to appoint a commission including representatives from the armed forces, labor, management, agriculture, education, and organizations concerned with the welfare of youth, and the general public to study the problem and recommend a program of action.

Since, however, the Nation may be greatly strengthened to meet the problems of peace or of war by raising the levels of health, education, and welfare of the youth of the Nation, immediate action should be taken to provide the best possible service for youth in these essential fields. Through

an adequate program for youth the Nation may be prepared for peace in such a manner that it may quickly be transformed to a war basis—in case of national emergency.

We cannot ask children and youth to bear the responsibilities which fall to them in war and yet fail to give them their appropriate share in the development of a secure peace. They have demonstrated ability, courage, and capacity for cooperation, idealism, and sacrifice which are a challenge to adults. The enlistment of these energies, skills, and capacities in advancing our local, national, and international well-being is a responsibility of all agencies professing to serve youth. Only on the basis of sharing with adults can young people gain the opportunity and recognition they so richly deserve.

Let us resolve now, for the peace that is ahead, that we will build courageously, imaginatively, ungrudgingly, and without discrimination as to race, color, creed, or national origin, services which will reach out to all our children and youth wherever they live and whoever their parents may be. Our greatest chance for a lasting peace lies not with us, but with them.



# **BUILDING THE FUTURE FOR CHILDREN AND YOUTH**

## **PROPOSALS FOR EXTENDING FEDERAL AND STATE COOPERATIVE PROGRAMS FOR CHILDREN**

### **I Expansion of services for maternal and child health and crippled children**

The health of children, no less than their education, is a public responsibility. If during the coming decades children are to grow to maturity physically and mentally fit, if they are to take advantage of the educational opportunities offered to them, and if they are to assume their position as responsible members of society when they are mature, they must be assured healthy bodies and healthy minds when they are young.

The Nation can no longer afford to neglect its children as it has in the past. The time has now come to plan adequate services that will assure every opportunity for health for all children.

### **EVIDENCE OF NEED**

Ample evidence is at hand of the great need for widespread expansion of local, State, and Federal programs to assure the accessibility of health and medical services to all mothers and children.

The rejection as unfit for general military service of more than one in every four 18-year-old boys under the Selective Service System is evidence enough, for hundreds of thousands have been rejected for causes that could have been corrected in childhood.

Earlier studies have shown that large numbers of boys and girls reach adolescence and maturity with many correctable defects or adverse health conditions. Defects found in children at school examinations are found again, year after year, at repeat examinations. No major steps have been taken to correct this situation. Health examinations alone will not remove the adverse conditions or their causes. Therapeutic measures are necessary.

In few cities, towns, or counties have systematic and organized arrangements been set up by the public-health agencies to provide the full complement of preventive, diagnostic, and therapeutic services neces-



sary to protect children from disease, to correct defects and adverse conditions found at examinations, and to care for sick children.

Families must depend on their private arrangements with physicians or clinics and in many situations the cost of care or the shortage of it prevents a child from receiving all he needs. Neither the provision of medical care nor the education of parents on how to use facilities has kept pace with scientific knowledge.

Though great progress has been made by State and local health departments in the establishment of health services for mothers and children during the 9 years of operation of the Social Security Act, facilities and personnel to provide a high quality of health service and medical care are still very inadequate, and State-wide coverage is far from complete. Three-fifths of the 3,000 counties have a health department with a full-time health officer and a staff of at least one sanitarian and one public-health nurse. Nearly 1,000 counties still have no public-health nurse.

We have failed our children in not providing adequately for the following health services:

## **LOCAL HEALTH SERVICE**

The fundamental structure for all preventive health work in maternal and child health is a city or county health service consisting of at least a health officer, a sanitary engineer, and a public-health nurse. Such health units are now available in only approximately three-fifths of the counties of the United States.

## **MATERNITY CARE**

Regular monthly prenatal clinics are held in only about a quarter of our rural counties. Only two-thirds of all births in this country take place in hospitals. In rural areas the percentage is less than half. Less than a third of our Negro babies are born in hospitals. The shortage of hospital beds for maternity care is particularly great in rural areas and small urban centers.

Each year some 200,000 mothers go through childbirth without the care of a physician.

Maternal mortality decreased 56 percent from 1935 to 1942, and yet in 1942 in the country as a whole 26 women died in childbirth for every 10,000 babies born alive. In one State the rate was 53; in another, 7. The rate for Negro mothers is more than twice that for white mothers. Maternal-mortality rates could be cut in half.

Standards for maternity hospitals and homes are not equally good throughout the country. In some States there is no law governing the licensing of



such places. Many maternity homes should be replaced with properly equipped and licensed hospitals.

## **INFANT CARE**

By 1942 infant mortality had decreased 28 percent since 1935, and yet in 1942 for the country as a whole out of every 1,000 babies born alive 40 died before the end of their first year. In one State, the rate was 98; in another, only 29. The rate for Negro babies is almost twice as great as for white babies. Infant-mortality rates could be cut in half.

Each year some 200,000 babies are born without medical care and yet their first day is the most critical day of their lives.

Over 30,000 babies die each year because of premature birth. Deaths of infants on the first day of life have decreased little in the last decade. Mortality in the first month of life decreased only 21 percent between 1935 and 1942.

In the first year of life, 9,000 infants still die annually from gastrointestinal disease; 17,000 from pneumonia and other respiratory diseases; nearly 3,000 from measles, whooping cough, and other communicable diseases.

Because the mother has syphilis, many infants are still-born; as many as 800 babies each year die from this cause in their first year of life.

## **CHILD-HEALTH SERVICES**

Two out of every three rural counties have no child-health conferences where mothers can regularly bring their children to have their health checked.

Of small and medium-sized cities, one-fourth have no child-health-conference service.

Diphtheria, thanks to immunization, has decreased to the vanishing point in many communities, but in other communities it is still prevalent and accounts for many deaths of children.

Measles, whooping cough, poliomyelitis, and other communicable diseases of childhood cause 3,000 deaths each year among children from 1 to 5 years of age.

Rheumatic fever, influenza, pneumonia, tuberculosis, and appendicitis cause 5,000 deaths each year among children 5 to 15 years of age. Rheumatic fever heads the list of diseases causing deaths of school-age children.

## **SCHOOL HEALTH SERVICES**

These services are especially deficient in rural areas and small towns. One out of six small cities has no school-nursing service. Half have no school physician.



In many places, a school health examination is nothing more than the brief inspection by the classroom teacher. Probably not half of the children of elementary-school age are receiving medical inspections in any one year; few receive a satisfactory medical examination. Even fewer high-school students receive such examinations. When examinations are made and defects found there is seldom adequate provision made by the community for remedial service.

## **CORRECTIVE DENTAL CARE**

At least three-fourths of all school children have dental defects which need care.

Provision for corrective dental care of preschool and school children and of pregnant and nursing mothers is seriously inadequate in practically all cities, towns, and counties.

## **MENTAL-HEALTH SERVICES**

There are relatively few fully staffed child-guidance clinics in the country. Only the larger cities have such clinics.

Mental-health service is not yet integrated to any great degree with health services for preschool or school children, nor with welfare services for socially handicapped children.

Mental-health services should be organized on the basis of a preventive health program that starts in infancy and is carried through the entire school period. The need for preventive programs has been demonstrated in other fields. For example, little progress was made in the reduction of diarrheal diseases until the problem was approached from the viewpoint of prevention. The same holds true of mental difficulties.

## **SERVICES FOR CRIPPLED CHILDREN**

In July 1944 State crippled children's agencies listed 373,000 crippled children. Out of every 1,000 children in the population, there are on the average 8 who are crippled. Three States report they have found as many as 14 per 1,000; 6 States report they find less than 5 per 1,000. It is not unreasonable to assume that if every State had adequate facilities for locating all of its crippled children, the total number known to the State agencies would be doubled.

Some 100,000 orthopedically crippled children received care each year under State crippled children's programs, but many must wait long periods before they can be cared for. Recently State agencies reported 15,000 children at one time were awaiting care that could not be given because of lack of funds.



State programs for crippled children, seriously handicapped by lack of funds and personnel, reach only to orthopedically crippled children, in the main. Care for children with other types of physical handicaps has been very small in amount.

Injury to the brain of infants during birth causes the death of many and results in palsy to thousands who survive. Some 70,000 such children now living are educable and would benefit greatly from care not now available. Rheumatic fever cripples or handicaps many thousand children. There are now approximately 500,000 children under 18 so handicapped and yet State crippled children's programs for these children reach only a few thousand each year in 240 of the 3,000 counties.

Some 17,000 children are deaf and approximately 1,000,000 have impaired hearing. Hearing aids are needed by many children if they are to take advantage of education offered in schools.

Some 15,000 children are blind; 50,000 have only partial sight; nearly 4 million have vision defects requiring correction with glasses.

Approximately 1,250,000 children are handicapped with asthma, 35,000 with diabetes, 200,000 with epilepsy. These children require prolonged care. With the exception of one State which cares for a few diabetic children, no provision is made for these children in State crippled children's programs.

## **HEALTH CENTERS AND HOSPITALS**

Many cities, towns, and rural counties do not have health or medical centers with adequate space, equipment, and personnel for prenatal clinics, child-health conferences, and diagnostic and treatment clinics, including immunization and nutrition clinics.

Many rural areas and many towns and smaller cities have no provision or inadequate provision for community hospitals for maternity care, care of premature infants, sick children, or children with communicable diseases. Facilities for children requiring prolonged institutional care or sanatorial or convalescent care are generally inadequate or entirely lacking. Also facilities for the care of Negro children are far inferior in many States to those for white children.

## **Limitations of Existing Programs**

Clearly, no halfway measures will serve to meet this situation. Only a well-conceived plan that calls for progressive development during the next few years will suffice to meet the great and continuing needs of mothers and children and provide coverage of every city and county within a limited



period of time. Nothing short of a Nation-wide effort supported by adequate Federal and State funds will make it possible to assure access to proper health services and medical care for all mothers in childbirth, for all newborn infants, and for children during the preschool and school years and throughout adolescence. The combined efforts of State and local agencies, professional groups involved in rendering service, and citizens' groups will be needed to develop the program.

As a nation we have the knowledge and skills to do the job, but we have not made available adequate resources to train personnel, to provide equipment and facilities, and to place personnel where they are needed.

Though extensive expansion may not be possible during the war period because of lack of personnel, this period can be used for planning for the training of key personnel, for exploring ways and means of better utilization of existing personnel and resources, for extending and improving services and facilities, and for starting demonstrations that will serve as pilot projects for postwar expansion. This would make it possible for the program to go forward as rapidly as personnel and facilities become available.

It is desirable that data on personnel and facilities for health service and medical care for mothers and children be gathered, State by State, to bring into focus local needs. Such State reviews of resources and needs can serve both as supporting evidence for national planning and as specific guides to State and local administrative bodies.

Authority for a broad program to promote the health of mothers and children was granted by Congress with the passage of the Social Security Act in 1935, but the maximum amounts authorized for Federal appropriations for grants to the States each year are too small to permit the States and localities to go forward with full programs of health service and medical care for mothers and children.

*For maternal and child health* the maximum Federal appropriation is fixed at \$5,820,000 a year. This must be distributed among 48 States, 3 Territories, and the District of Columbia. State plans for maternal and child health for 1945 show \$4,842,000 budgeted from State and local funds matching in part Federal funds. Some additional funds are spent locally, especially in the large cities. Even the total of these amounts obviously does not allow adequately for maternity and infant care, and for preventive and curative health service and dental care for preschool and school children and for children who have left school.

*For crippled children* the maximum Federal appropriation under the Social Security Act is fixed at \$3,870,000 a year. State plans for 1945



show \$3,218,000 budgeted from State and local funds for these purposes; and some States expend larger sums for the care of crippled children than are included under programs financed in part from Federal funds.

These sums are far from sufficient to provide care for the number of children in need of care or to broaden the scope of the program to include other groups of crippled children for whom care is not now provided.

## **ACTION PROPOSED**

Federal legislative action is required now through extension of existing Federal-State grant-in-aid programs to enable the State health agencies (1) to meet immediate needs of mothers and children and prepare for the post-war period, and (2) to provide for progressive expansion after the war of the total broad program of maternal and child-health and crippled children's services until each State is able to assure the availability of these services to all mothers and children within the State.

Federal and State funds should be made available in sufficient amounts to provide this coverage within a limited period of time, not more than 10 years.

The present plan of financing the program of health service to mothers and children through Federal grants-in-aid to the States should be continued and the programs, including that for crippled children, should be administered by State health agencies within a framework of national standards. Federal funds should be allotted to States on the basis of the special needs of mothers and children in each State and the capacity of each State to meet these needs rather than on the ability of the State to match funds. In the event that under such a grant-in-aid plan a State fails to make provision for the administration of a program in accordance with requirements under any legislation that may be adopted, authority should be given in the legislation to develop and carry out plans for making such services available within the State.

To be most effective the maternal and child-health and crippled children's programs must ultimately fit into a total medical-care plan designed to lift the level of health and medical care for all the people, but expansion of the services necessary for mothers and children must not be delayed pending decision on the total plan.

The proposals that follow should be regarded as an important advance toward a full program of health and medical care for mothers and children,

but it should be recognized that the sums suggested represent only a small part of what a long-range program of maternity and child care would cost.

**FUNDS NEEDED**

Ultimately Federal grants must be ample to assure geographic coverage with the full scope of services required; access to care of high quality by all mothers and children; aid in provision of facilities and training of personnel in the special fields of service for children and maternity care; and the development of appropriate programs to educate the public in what constitutes good care.

For the fiscal year 1946 the maximum authorized for appropriation from Federal funds for grants to States for *maternal and child health* should be raised by approximately \$50,000,000, a sum that might be broken down as follows:

Maternity care and care for infants and preschool children..	\$25,000,000
Preventive and curative health service for children of school age .....	15,000,000
Dental care for young school children.....	10,000,000

For the fiscal year 1946, the maximum authorized for appropriation from Federal funds for *crippled children's services* should be raised by at least \$25,000,000, a sum that might be broken down as follows:

Orthopedically crippled children, including children with cerebral palsy .....	\$ 5,000,000
Children with other physically handicapping conditions including defects of vision and hearing, diabetes, allergy, epilepsy, etc. ....	5,000,000
Children with rheumatic fever and heart disease.....	15,000,000

After the fiscal year 1946 no maximum is specified for either maternal and child health or crippled children's services. Congress should determine the amounts needed each year. Appropriate contributions by States and localities should be provided, especially in respect to operating and service costs. The major proportion of the cost of care given to individual mothers and children under this program should be borne by Federal funds.

**CONDITIONS FOR APPROVAL OF STATE PLANS**

Certain provisions should be included in any Federal legislation as conditions of approval of a State maternal and child-health or crippled children's plan.

Under title V, parts 1 and 2, of the Social Security Act a series of such conditions is incorporated. With a major expansion of the program, some



additional conditions would strengthen the assurance of care of high quality to all mothers and children. Briefly the conditions should be:

1. Financial participation by the State.
2. Administration by the State health agency.
3. Availability of the service to all mothers and children who elect to participate, without discrimination because of race, color, national origin, or residence.
4. A service State-wide in scope within 10 years.
5. Methods of administration necessary for proper and efficient operation of the State plan including (a) personnel standards on a merit basis; (b) provisions to assure qualification standards for persons rendering care and for institutional care and service; (c) the right of families to select from among those meeting standards the physician, group of physicians, clinic, hospital, or other facility of their choice; (d) the right of a physician to refuse to accept a case; (e) adequate remuneration of professional personnel and opportunity for training; (f) appropriate distribution and coordination of services and facilities; and (g) adequate dissemination of information regarding availability of service.
6. Cooperation of the State health agency with medical, nursing, education, and welfare agencies and organizations, and the establishment of a State advisory council on maternal and child health composed of members of professions or agencies, public and voluntary, that furnish care or services under the plan, and of the public.
7. An adequate method, including fair hearing, by which mothers and children entitled to care or services and persons, organizations, or institutions furnishing service or facilities may appeal from decisions on matters affecting their interests.

## SERVICES NEEDED

Health service and medical and dental care of high quality should be available throughout every State for mothers and infants and for children of all ages from birth to maturity, including young workers.

Health service should include periodic examinations and all preventive services. Medical and dental care should include all professional service and institutional care necessary to provide complete maternity care and to restore to health children who are sick or suffering from conditions adverse to health or normal growth and development.



Special emphasis in the immediate future should be placed on developing plans for:

1. **Adequate health center, clinic, and hospital care** for maternity patients and newborn infants, and for older infants and children, including those with communicable disease.

In the development of plans for *hospital and health-center construction*, special consideration should be given to provision of maternity beds, proper nurseries for newborn infants, pediatric beds including beds for children with communicable disease and those requiring prolonged sanatorial type of convalescent care and to clinic space for maternal and child-health service.

2. **Employment of obstetric, pediatric, mental-health, dental, and other types of expert consultants** by State and local health agencies to supervise health-agency clinics, to coordinate clinic and hospital service for mothers and children, and to advise and consult with local physicians and dentists on the care of mothers and children.

3. **Improvement and wide expansion of school health services**, including those in academic and vocational high schools, through the coordinated efforts of State and local health and education departments. The program should include health instruction and preventive health service, through the education and health departments respectively, and diagnostic and treatment service, through health departments and other community health services. The services of preventive, diagnostic, and treatment agencies should be coordinated with programs of education and welfare agencies. Special emphasis should be placed on the need for improved diagnostic services, and on the organization of facilities for medical care of children with adverse health conditions and on mental health.

4. **A dental-care program for children**, starting with complete service to children as they enter school and providing for care to maintain dental health for these children throughout their school years. The service should be extended to older and younger children until finally it is made available to the whole population of preschool and school age. The dental-health program for children should be coordinated with both the school and community health services. Dental research into the causes of caries and other dental diseases and into methods of prevention and treatment should go forward simultaneously with the program of care.

5. **A mental-health program for children at all stages of development.** This should begin with the formation of wholesome attitudes and the acquisition of appropriate knowledge by



parents before the child's birth. It should be integrated with services in health clinics, schools, hospitals, and convalescent facilities, and be coordinated with similar provisions made by welfare agencies for children coming to their attention.

6. **Health service to youth at work,** including plans to make medical examinations available to children and youth at the time of application for employment certificates and to assure the availability of health service and medical and dental care to young workers.

In developing the maternal and child-health and crippled children's programs attention should be focused particularly on:

1. **Premature infants.** A greatly expanded program for care of premature infants should be developed as an integral part of the community health program with early reporting of premature birth to the local health agency.
2. **Children with rheumatic fever.** A program of care for children with rheumatic fever and rheumatic-heart disease is urgently needed in every State. Since rheumatic fever kills more children of school age than any other disease, special emphasis must be placed on diagnostic services among school children and on extending treatment facilities until they are State-wide.
3. **Children with cerebral palsy.** Special provisions should be made for children with cerebral palsy, including the establishment of special centers for medical care, physical therapy, and education of such children.
4. **Children with other physical handicaps.** Diagnostic and treatment facilities should be extended to include children with other types of physical handicaps, such as visual and hearing defects, asthma, or diabetes.

## QUALITY OF CARE NEEDED

In the expansion of the health and medical services for mothers and children provision must be made for constant improvement in the quality of care so that as soon as possible there will be available to all the best care we know how to give. This will require:

1. Qualification standards for administrative and clinical personnel and for institutional services, and minimum requirements for care established by Federal and State agencies.
2. Opportunity for graduate and postgraduate training for all personnel needed to administer the program or provide care.
3. Appropriate distribution in rural as well as urban areas of (a) a sufficient number of well-trained professional personnel of all types,



including general practitioners, specialists, nurses, medical-social workers, and administrative personnel; (b) sufficient well-equipped and well-staffed health centers, hospitals, clinics, convalescent facilities, and laboratories for use as diagnostic and treatment centers and for preventive health services; (c) transportation facilities.

4. Development of a consultation service through the State and local health agencies in obstetrics, pediatrics, and related special services for children.
5. Organization and appropriate distribution of groups of physicians, individual practitioners, nurses, social workers, nutritionists, and other professional workers for the purpose of effectively coordinating preventive, diagnostic, consultative, and curative services.
6. A planned relationship with interchange of staff and patients between centrally located hospitals with special diagnostic and therapeutic services and facilities, local community hospitals with less highly organized services, clinics, health centers, and the offices of practicing physicians.

Quality of care implies that fullest consideration be given to the needs of each mother or child and that all community resources be mobilized for this purpose. The organization, administration, and variety of services for mothers and children should therefore be sufficiently flexible to meet the range of individual needs.

## **TRAINING OF PERSONNEL**

There is need for great expansion of training programs for all types of workers engaged in maternal and child-health programs:

1. To render good maternity care physicians must be well-trained in obstetrics and in care of newborn infants. Many more obstetric specialists are needed, especially to serve the rural areas as consultants.
2. Nurses with advanced training in maternity nursing or in midwifery and in care of newborn infants are needed to supervise maternity-nursing service in hospitals and maternity-nursing service rendered by public-health nurses in home or clinic, and in special circumstances to render direct maternity care under the supervision of physicians.
3. To give adequate care to children all general practitioners should be given special training in preventive and curative pediatrics, including at least some training in mental health of children and of mothers during the maternity period.
4. To make available to all families in which there are children the services of a pediatrician, even if only as a consultant, will require



the training of many more such specialists. Just to provide the consultants needed in rural areas will call for a large increase.

5. Pediatric nurses must also be trained in large numbers to provide supervisory and teaching staff for children's services in hospitals, including nurseries for newborn infants, convalescent homes, and clinics, and to act as specialized consultants in public-health-nursing services. Training in the mental health of children should be included.
6. Other types of well-trained personnel, such as public-health nurses, dentists, nutritionists, medical-social workers, physical therapists, community-health organizers, are now increasingly needed as the maternal and child-health and crippled children's programs expand. Such personnel will be required in even larger numbers as further extension takes place.

*Postgraduate training for all types of personnel*, including administrators, must therefore be a basic part of an expanding maternal and child-health program, and Federal funds should be made available to the States to provide fellowships, scholarships, and special stipends for this purpose and to supplement the salaried staff in teaching centers.

Immediate attention should be given to the following:

1. Opportunities must be provided for training physicians and nurses in obstetrics or pediatrics in hospitals and clinics that do not now have a specialized resident staff in these fields. To do this, appropriate teaching and supervisory staff will have to be appointed and financed, and payments to resident fellows made possible.
2. More postgraduate courses in pediatrics and obstetrics for physicians in practice should be organized at medical centers and special postgraduate opportunities in these fields should be offered to physicians leaving military service. Postgraduate training should be given nurses and other professional workers in the maternity and pediatric fields.
3. Opportunities for field practice for all types of personnel in training for health services should be provided. This should include arrangements for young physicians who have completed one or more years of hospital training in pediatrics or obstetrics in a large urban medical center to have opportunity for further training and experience in community hospitals and clinics serving rural areas and small cities.
4. Postgraduate training for pediatricians and other physicians, and for nurses and other professional workers in the mental hygiene of



childhood, including opportunities for clinic and field experience over considerable periods of time, must be made possible.

5. If a program of dental care for children is to be made possible, even if limited to selected age groups, an extensive program of training personnel in children's dentistry will be required.
6. Opportunities for training physicians and others in the administration of a program of maternal and child health are fundamental to the development of the whole program. Special opportunities should be developed for training in the administration of a school health program and in the special types of health service to be rendered.
7. Postgraduate education for Negro physicians, nurses, and other professional and technical personnel must be given special consideration in the training program as there is proportionately a greater shortage of such personnel.

## EDUCATIONAL NEEDS

Parents everywhere must have information as to what constitutes good maternity and child care in order that health practice in the home may be sound. They may acquire this information in various ways. The extent and kinds of care they or their brothers and sisters received as children when they were sick may be indelibly imprinted on their minds. The instruction in health received in school and the kind of health service they experienced as students may influence favorably or adversely their attitudes toward preventive health service for themselves or their children. As adults, parents will be interested in learning more about the mental and physical health of their children from doctors, dentists, public-health nurses, and other health workers and through radio, books and pamphlets, and visual aids, such as exhibits, posters, and films.

It is important to the present generation of children, and to each succeeding one, that opportunities for health instruction of children in school and of adults be improved and extended in various ways. State and local health departments should emphasize maternity and child care and education for parenthood as an important part of the community health program. Education departments should include instruction in maternal and child health in appropriate courses, such as homemaking, but such instruction should also be included in health-education courses when these are part of the program. Information should be brought to the attention of workers through medical and personnel departments in industry and through labor organizations.

Since experience is certainly one of our best teachers, no effort should be spared to provide through community health agencies maternal and child-health service of high quality under a program that will assure as far



as possible (1) continuity of service for the mother throughout the maternity period and for the child from birth to maturity, and (2) the fullest consideration of the needs of each individual. The program of health service and medical care for the school child should be a part of a continuous service that starts in the preschool years and continues until it merges into the program of health services for adults. Health instruction in the schools should be coordinated with the health and medical service so that in instructing each child the most effective use may be made of his own experience. It is of the utmost importance that the quality of the preventive and treatment services in maternal and child health provided in a community be such as to reinforce and enhance this educational program.

## **II Expansion of child-welfare services**

Today hundreds of thousands of children are living under conditions that deprive them of the opportunities and privileges contributing to good citizenship. These and thousands more will be subject to such conditions in the postwar period unless ways are found to meet the problems of children whose home conditions or individual difficulties or disabilities require special attention.

The time has come to plan adequate social services to help meet the special needs of children whose well-being cannot be fully assured by their families and by those community services that are intended for all children.

### **EVIDENCE OF NEED**

The experience of the war period has fully demonstrated that State and local public and private welfare agencies do not now have the necessary services and facilities to meet the social needs of children. In the majority of counties in the United States there is no child-welfare worker available to serve the children who have needs with which their families cannot cope unaided. The problems of children in the postwar period, coupled with the long-time problems which have never been handled, require expansion of resources.

We have failed our children in not providing adequately for the following:

### **SERVICES TO INDIVIDUAL CHILDREN**

Many children cannot be cared for, or are cared for inadequately, in their own homes. These are children whose homes are broken in fact by death,



desertion, or separation, or in spirit by parental neglect, discord, or breakdown of members of the family group. Because of individual difficulties or handicaps many children have problems of adjustment. Present pressures upon the home, school, and community render them less able to meet the special needs of individual children and therefore accentuate these problems.

Increasing numbers of children have come to the attention of the police during the war period. Many are children who need protection, assistance, or help in working out their problems. Some are young people stranded in strange communities or found wandering in public places under circumstances that indicate danger to their welfare. Some are teen-age girls who frequent military-camp areas, road houses, or taverns, or roam the streets.

Another problem accentuated by wartime conditions is that of boys and girls who run away from home to seek adventure or escape unhappiness. Nearly 8,500 cases of runaways, with girls and boys in the ratio of 3 to 4, were acted upon by juvenile courts reporting to the Children's Bureau in the year 1942. This figure does not include the number dealt with by the police, the Travelers' Aid, public-welfare departments, and other social agencies.

Many young people who have left their homes in large numbers for war jobs in other communities, are quickly swallowed up in the horde of older workers. Unsupervised, they are left to shift for themselves for the most part, although still immature in judgment and inexperienced in self-direction. From social workers, school authorities, and police officials in some areas have come reports of boys sleeping in bus stations, in "all-night" movies, and in parked automobiles in second-hand-car lots. Even those who are able to locate jobs for themselves need help in finding suitable housing, wholesome recreation, and in making a place for themselves in the life of the community.

## **FACILITIES FOR DETENTION AND TEMPORARY SHELTER**

Large numbers of children are held in jails where they are confined with adult offenders and subjected to conditions that threaten their health and well-being. Although many States have laws prohibiting the detention of children in jail, lack of suitable detention facilities for children in many communities results in the use of jails for this purpose, even in some instances where the children are held for reasons other than delinquency.

Many of these children are very young. In one State 500 children under 16 were detained in jail during a recent year, 84 of them being under 12 years of age. The records of two rural counties in another State showed 66 children under 16 detained in jail during the last 6 months of 1943 in one, and 55 during the last 4 months of 1943 in the other. Children in jail sel-



dom have access to education, recreation, wholesome companionship, or any of the things children need, even suitable food, yet their stay is sometimes prolonged for weeks and months.

## **SERVICES FOR CHILDREN WHOSE MOTHERS ARE EMPLOYED**

The care of children whose mothers are employed will continue to be a serious problem during the postwar period, when it is expected that many more women than before the war will be employed.

The potential size of the problem is evident in statistics released by the Bureau of the Census. It is estimated that 2,770,000 employed women in February 1944 had 4,460,000 children under 14 years of age. The fact that 750,000 of these children were in homes where the father was absent, either because of service in the armed forces or for other reasons, emphasizes the need of provision for this group of children. Although many mothers of these children may be able themselves to arrange satisfactory care, thousands of them need help.

Inadequate provision for the care of children of working mothers constitutes an outstanding example of failure to meet children's wartime needs in a comprehensive way, adapted to the ages and circumstances of the children themselves.

## **SERVICES FOR CHILDREN BORN OUT OF WEDLOCK**

The problem of the child born out of wedlock, with all its social and legal implications, has never been adequately met. Today, this problem has grown in size with the increase in births, although the ratio of illegitimate live births to the total number of live births has not risen. The Bureau of the Census reported nearly 83,000 illegitimate births in 1943 in the United States, exclusive of 10 large States which do not report the item of legitimacy on birth certificates.

Many of the mothers of babies born out of wedlock are hardly more than children themselves. Almost half of the illegitimate births reported in a recent year involved mothers 15 to 19 years of age.

## **SERVICES FOR CHILDREN UNDER GUARDIANSHIP**

The experience of the Veterans Administration and of the Bureau of Old-Age and Survivors Insurance of the Social Security Board points to the need for services to assure adequate protection to those children for whom legal guardianship is necessary. The number of children under legal guard-



ianship is not known but is certainly large. The size of the problem will be greatly increased as a result of war casualties.

## **SERVICES FOR MENTALLY DEFICIENT CHILDREN**

Community resources for mentally deficient children are grossly inadequate everywhere. Numerically the problem of mental deficiency is large; some 2 percent of children of school age are intellectually retarded to such a degree that they cannot profit by the ordinary school program, according to the United States Office of Education. Probably not more than one mentally deficient person in 10 would require custodial care if adequate facilities for supervision were provided in the community. And yet the chief provision made in some States is for institutional care. Institutions for mental defectives are overcrowded and have long waiting lists.

The cost to society of neglecting the needs of mentally deficient children is high, not only because large numbers of children who might be fitted for community life by specialized training fail to receive it, but also because mental deficiency looms large in the problem of juvenile delinquency.

## **MENTAL-HYGIENE SERVICES**

More and better child-guidance facilities are urgently needed for socially handicapped children, especially those with emotional and personality difficulties who come to the attention of the courts, social agencies, and institutions. There is an almost universal need for community education in mental health, including consultation service to parents and others dealing with children to help them develop sound attitudes leading to good mental health.

### **Limitations of Existing Programs**

Through the Federal-aid program for child-welfare services authorized by title V, part 3, of the Social Security Act of 1935, a great advance has been made in State and local provision of services to children who are dependent, neglected, or in danger of becoming delinquent. However, the limitation of the annual appropriation for grants to the States to \$1,510,000 has restricted the use of Federal funds to a few local areas in each State and has also made impossible their use for many needed types of service and care for children. The fact that Federal funds are being used by the State and local welfare departments for the employment of child-welfare workers in only about 400 counties out of approximately 3,000 indicates in part the limitation of the present program.

Accompanying the development of the child-welfare program under the Social Security Act there has been an increase in the employment of local child-welfare workers paid entirely from State and local funds. Nevertheless,



in the majority of the counties in the United States there is today no child-welfare worker publicly employed to serve the children who have needs that call for the services of such workers. The problems of children in the post-war period, coupled with the long-time problems that have never been handled, require expansion of the program.

Services should be provided to meet the special needs of individual children whose well-being cannot be fully assured by their families and by community services, such as education, available to all children.

Child-welfare services should be directed especially to the conservation and strengthening of family life for children. Such services will be needed by children who are unable to utilize community programs to full advantage without guidance and assistance in meeting their own emotional and personal problems. In a democratic society all children should have access to those opportunities and services which are necessary to meet their individual needs.

Child-welfare services should be part of the program of State and local public welfare departments and should be developed in close relation to the other services of these departments that are directed toward the welfare of the family.

Public resources should be fully available to discharge the basic responsibilities of government for meeting the social needs of children. This result can be achieved through cooperation of Federal, State, and local governments. Services are needed in neighborhoods and localities where children live and, therefore, it is important to have social services for children available in every political subdivision throughout the country. The leadership of State and local public welfare agencies is required to see that the needs of individual children are met and to promote the improvement of community conditions in order to prevent child neglect and dependency.

## **ACTION PROPOSED**

Federal funds for grants to States for extending and improving child-welfare services should be available in amounts sufficient to accomplish the following purposes under the conditions outlined:

### **STATE-WIDE COVERAGE**

To make possible State-wide coverage of child-welfare services within 10 years, Federal funds for child-welfare services should be made available in amounts sufficient to allow progressive development of the program now provided for under title V, part 3, of the Social Security Act until each State is able to assure to children in all its political subdivisions, urban



and rural, access to the service of workers trained to deal with the problems of children who have special needs.

## **EXPANSION OF COMMUNITY RESOURCES**

In order that the necessary resources may be available to provide for every child reached by child-welfare services the special care he may require, Federal child-welfare funds, in addition to providing for child-welfare workers, should be available to the States for the following purposes:

- a. To extend and strengthen the provisions for foster care of children, primarily in foster-family homes, and to pay part of the cost of such care when satisfactory care is not otherwise available.
- b. To provide for temporary care of children who are delinquent, neglected, and dependent in areas where children would otherwise be detained in jail or would be deprived of necessary protection and shelter or study of their special needs.
- c. To provide specialized services needed to strengthen and improve the programs of institutions for children.
- d. To provide day-care services for children whose mothers are employed or whose home conditions require such services, including day care in foster-family homes or day-care centers, and auxiliary services necessary to assure proper use of day-care facilities and to safeguard children receiving care. These services will be in addition to the services which should be provided in greatly extended form in the schools, through nursery education and extracurricular activities available to all children without cost.
- e. To provide for returning nonresident children to their home communities.
- f. To provide for cooperation with appropriate State and community agencies in improving conditions affecting the welfare of children.

## **TRAINING OF PERSONNEL**

In order to provide well-trained personnel for carrying out the services under the child-welfare programs, Federal funds should be made available to the States to assist in the training of personnel.

## **CONDITIONS FOR APPROVAL OF STATE PLANS**

To assure proper standards of services and care in the program for child-



welfare services financed in part by the Federal Government, each State plan should provide for:

1. Financial participation by the State.
2. Administration by the State welfare agency.
3. Availability of child-welfare services without discrimination because of color, race, creed, national origin, or residence.
4. A service State-wide in scope within 10 years.
5. Methods of administration necessary for the proper and efficient operation of the State plan, including personnel standards on a merit basis and provision for employment of qualified personnel.

### **ALLOTMENT OF FEDERAL FUNDS**

Federal funds should be allotted after taking into consideration the estimated number of children to be provided for, the character of the services to be given, the extent of special State and community needs, and the resources available to meet these needs.

## **III. Extension and improvement of other social-security programs**

### **EVIDENCE OF NEED**

The safety of our democratic institutions requires that every family be enabled to earn an income sufficient to provide the essentials of food, clothing, shelter, health, and home life. Full employment for adults is a first essential to the security and well-being of children. But full employment cannot remove all hazards to family income or provide income sufficient for families to meet the needs of their children at all times. Loss of income from the unemployment, illness, injury, or death of the breadwinner and from other causes of dependency must be compensated for if children are not to suffer.

The programs of public assistance and social insurance embodied in the Social Security Act aid many families in the support of their children. In January 1945, even during a period of full employment, benefits to children



under the Social Security Act were going directly to over 640,000 children in the form of aid to dependent children and to about 300,000 children under the program for old-age and survivors insurance. Other children were benefiting from unemployment-insurance payments to unemployed workers, many of whom have families.

On the basis of experience since 1935 it is evident that some provisions of the Social Security Act should be amended and that the program may well be extended. The Social Security Board has called attention to the changes needed. The following items are chosen for special emphasis because of their direct bearing on income available for the support of children.

## **DEPENDENT CHILDREN**

The extent to which Federal funds may be used to match State payments for aid to dependent children tends to limit assistance for many recipients whose need is great, especially families with only one or two children. Assistance of \$18 a month for a mother and one child, or \$30 a month for a mother and two children—of which the Federal Government now will pay half—does not give enough to live on unless the family has other resources. States may and do pay amounts above Federal matching maximums wholly from their own funds. By law or administration, however, almost half the States, usually the low-income States, limit all payments for dependent children to amounts that can be shared equally with the Federal Government. In spite of recent increases in the average monthly payment, the amount of aid to dependent children is often far too low to provide adequate support. The average grant per family toward the end of 1944 was close to \$45; but in 11 States the average monthly grant was less than \$30. Usually this must be used to support a parent, at least in part, and two or more children. For old-age assistance and aid to the needy blind Federal funds may be used to match State payments up to a Federal-State total of \$40 and as a result the Federal aid for old-age assistance is much greater than the aid to dependent children. There are several other provisions of the aid-to-dependent-children program that may well be liberalized.

## **FAMILY NEED**

The Social Security Act does not provide for any Federal contribution toward general assistance, the form of public aid for needy unemployed persons, for persons who have earnings too low for self-support or family support, and for other needy individuals and families not eligible for the special types of public assistance. There are many children in these families. General assistance is now provided under State laws and in about a fourth of the States it is wholly financed and administered by the localities. In some areas no general assistance is available. In some, because of limitation



of funds, whole groups may be excluded from eligibility. On the whole, provision for general assistance is less adequate in rural areas than in cities. It is hemmed in by a network of settlement laws that are an anachronism today with our mobility of population. During reconversion when many workers, at least for a period, will be without jobs and may need to move to find employment, the flexibility of a comprehensive program of general assistance with no eligibility condition except need will be required to ease strains that will affect all parts of the country. During ordinary times it is needed to provide aid for some members of the population.

## **INSURANCE COVERAGE**

About 20,000,000 wage-earners, principally in low-income occupations—domestic service and agricultural employment—still lack protection under the Federal-State unemployment-insurance system and under Federal old-age and survivors insurance.

## **DISABILITY**

Loss of earnings during temporary physical disability throws a great burden on family resources since unemployment insurance is not available and sickness is likely to bring great hardship because of the additional expense. In its effect on family security, permanent disability is like old age, except that it involves additional medical costs and often comes unexpectedly, at a time when a worker's family responsibilities are greatest and when he has had little opportunity to accumulate savings.

## **YOUNG WORKERS**

In addition to the extension of coverage and increase of benefits for unemployment insurance on which the Social Security Board has made recommendations, a new unemployment-compensation need in regard to young workers will emerge during the reconversion period when large numbers of young war workers will lose their jobs and apply for benefits. Under present unemployment-insurance laws it is usual for young workers losing their jobs and returning to school for any extended period to be disqualified for benefits since, as students, they are not available for employment. This may serve as a deterrent to school attendance and an incentive to idleness during the period when jobs may be difficult for young workers to secure.

## **ACTION PROPOSED**

Because of the benefits that would accrue to children in terms of more adequate support, the following extension of social security programs, based



chiefly, but not entirely, on recommendations of the Social Security Board, is advocated:

## **AID TO DEPENDENT CHILDREN**

Removal of the maximum for Federal matching of State payments of monthly benefits for dependent children and of the restrictive conditions for matching; provision of medical care for recipients of aid to dependent children; provision that the Federal share of assistance costs shall vary with the economic capacity of the State; removal of requirement that children between the ages of 16 and 18 years must be in school if they are to receive benefits.

## **GENERAL ASSISTANCE**

Federal funds made available to States to share costs of general assistance, including medical care, for needy persons or families not eligible for other types of public assistance, with need as the only eligibility requirement.

## **OLD-AGE AND SURVIVORS INSURANCE**

Extension of coverage of old-age and survivors insurance to include self-employed business and professional people and farm operators, agricultural workers, domestic workers in private homes, and employees of public agencies and nonprofit organizations, and to assure higher benefits for low-paid workers.

## **DISABILITY INSURANCE**

Development of social insurance against permanent and temporary disability, including provision for maternity benefits.

## **UNEMPLOYMENT INSURANCE**

- a. Extension of unemployment-insurance coverage to include persons employed on small farms, hired workers on farms, employees of State and local governments, workers in nonprofit institutions and agencies, Federal civilian employees, maritime workers, and domestic employees; increase of maximum benefits including any allowance for dependents to \$25 a week; increase in duration of benefits to 26 weeks; and establishment of Federal minimum-benefit standards to eliminate disparities.
- b. Removal of deterrent to return to school of young war workers eligible for unemployment compensation during the reconver-



sion period. The following alternative methods should be considered:

- (1) Interpretation or revision of State unemployment-insurance laws to permit the payment of benefits to unemployed young workers under 21 who return to school.
- (2) Provision of funds to make payments to young workers under 21 who return to school during the reconversion period, which would be equivalent in amount and duration to the unemployment-insurance benefits they would otherwise receive.

For prompt dealing with the problem on a Nation-wide basis provision for authorizing and financing such payments from Federal funds is desirable and should be included in any Federal legislation enacted during the war period to increase or extend unemployment insurance.

## **IV Federal aid for education**

### **EVIDENCE OF NEED**

Many States and large areas within States have school facilities which are inadequate in quantity, quality, and accessibility. The inequalities in school resources affect most adversely families living on farms and in small rural communities. These farming areas have the most children, the least adequate school systems, the smallest amounts of money available for schools. Children in minority groups, especially in areas where the law provides for separate schools on the basis of race, are particularly affected by these educational lacks.

The span of school attendance for many children is only from 6 or 7 to 14 years of age; school terms in some places are 7 months a year and in some even less; school attendance is interrupted to permit boys and girls to do agricultural or other work; more than a fourth of the boys and girls of high-school age are not in high school; the proportion of children having access to nursery schools is very small.

As long as differences in the tax-paying ability of the States exist, Federal aid will be necessary to give all American children their birthright of education. A program of Federal aid to education was recognized as a national necessity by the President's Advisory Committee on Education in 1938 and by the National Resources Planning Board in 1942. Bills to put into opera-



tion such a program have been before Congress at least since 1933 and are pending in the present session.

## **ACTION PROPOSED**

Experience of the last few years and the demands of the future make it essential that we move forward as rapidly as possible to attain full educational opportunity for all children and youth. Therefore the following will be needed:

1. Federal support for education to make possible for all children access to a basic general education and to additional educational opportunities in accordance with interest, capacity, and special needs. Such Federal aid to education should be based on need for educational opportunities and facilities, which in many areas and for many groups throughout the country are far from adequate. Federal programs involving expansion of opportunities for vocational training should promote this general objective, since it is of the utmost importance that vocational training be part of a broad educational program. State and local programs supported in part by Federal funds should be administered so as to give equal opportunity to all, without discrimination because of race, color, creed, or national origin.
2. Use of Federal-aid funds to reduce the financial expense incident to attendance in elementary and secondary schools, through free textbooks and supplies, safe transportation free of cost to pupils, elimination of laboratory and other fees, and other measures to meet the costs to the pupil of school attendance.
3. Provision of Federal funds for the extension and improvement of essential services, such as school-lunch programs, library services, school health programs, and other services necessary to meet educational needs.

## **V Federal child-labor legislation**

### **EVIDENCE OF NEED**

During this war the volume of child labor has reached the level of a generation ago.

Nearly 3 million boys and girls 14 through 17 years of age—almost one-third of the population of these ages—are at work full time or part time during the school term.



Half of these are at full-time work and are getting no formal schooling at all.

In the 1944 summer vacation nearly 5 million boys and girls of these ages were at work. Thousands under 14 for whom there is no official count were also working.

The child-labor provisions of the Federal Fair Labor Standards Act of 1938, administered by the Children's Bureau, have been the bulwark during the war which has kept children under 16 years of age from flocking into factories and war plants as they have crowded into other types of employment not covered by Federal law.

However, with the greatly expanded numbers of boys and girls employed, violations of the Federal act as well as of State child-labor laws are increasing.

Nearly five times as many children were found employed contrary to the Federal act in the year ending June 30, 1944, as in the year before Pearl Harbor. Facilities for the issuance of employment and age certificates, already insufficient, have not been adequately increased and strengthened.

### **Limitations of Existing Programs**

The Federal Fair Labor Standards Act does not extend its protection to children working in agriculture, except when they are legally required to attend school. Nor does it reach to telegraph messengers or to some other young workers engaged in commerce in occupations detrimental to their safety, health, and development.

Furthermore, the present child-labor provisions of the Fair Labor Standards Act are not protecting all the children for whom they were intended, because of shortage of staff necessary for effective enforcement.

### **ACTION PROPOSED**

Federal regulation of child labor should be strengthened and extended by amendment of the Fair Labor Standards Act or otherwise to cover the gaps now existing in the protection of child workers.

Appropriations to the Children's Bureau for the enforcement of the child-labor provisions of the Fair Labor Standards Act should be increased to provide for adequate inspection service, for issuance of employment or age certificates, for determination of hazardous occupations, and for research and consultant service necessary for good administration.



# **BUILDING THE FUTURE FOR CHILDREN AND YOUTH**

## **PROPOSALS FOR STATE AND COMMUNITY ACTION**

### **I A 16-year minimum age for employment**

#### **EVIDENCE OF NEED**

The greatest abuses of child labor during the war have been the withdrawal from school for employment of large numbers of children, the employment of very young children outside school hours, work for excessive hours, at night, and in unsuitable and hazardous occupations.

These conditions have been the result primarily of the inadequacies in our State child-labor laws and in the administrative machinery and appropriations available to enforce existing standards.

Only two States now have child-labor laws that provide a 16-year minimum age for employment in all gainful occupations during school hours and at the same time provide a 16-year minimum age for employment at any time in manufacturing establishments. Thirteen other States meet this standard in part but not in full.

Twenty-eight States and the District of Columbia still have a basic minimum age of 14 years for employment in manufacturing establishments or for employment during school hours; 4 States have a 15-year minimum age for such employment; and 1 State establishes no such minimum age, although it prohibits employment during school hours of children whose attendance at school is required by law.

Only 32 States have set a 14-year minimum age for most employment outside of school hours. Only 6 States limit hours of work for 14- and 15-year-old children to 40 a week; and only 2 have this standard for minors of 16 and 17 years.

#### **ACTION PROPOSED**

Inasmuch as employment having no connection with interstate commerce can not be covered by Federal law without an amendment to the Consti-



tution, and in view of the urgency of the situation, the following measures are recommended for immediate consideration by State legislatures:

1. Adoption of a 16-year minimum age for all employment during school hours and for work at any time in manufacturing and mechanical establishments. This is basic to full opportunity for school attendance of children and protection from harmful employment. Activities in support of the movement to attain this standard, such as those already undertaken by State labor administrators, organized labor, and many State and national organizations, should be intensified and extended so as to achieve this objective by the close of the 1947 legislative sessions in all States not already providing this measure of protection. The effective date of this legislation may be set for the close of the war or some earlier time when labor requirements warrant.
2. Strengthening of other protective provisions in child-labor laws as necessary. These provisions should include minimum age for work outside school hours, regulation of hours of work, protection from night work and hazardous occupations, employment- or age-certificate requirements, and other administrative provisions for the adequate enforcement of the law. Adequate appropriations for enforcement should be made. As soon as war conditions permit, relaxations of child-labor standards made to meet emergency needs should be terminated.
3. Extension of compulsory-school-attendance laws to cover all children between 6 and 18 years of age, with allowance for legal employment of those 16 and 17 years of age, and exemption of high-school graduates. This extension of school attendance is essential both to further the education of children and youth and to help achieve the basic purpose of a 16-year minimum age for work during school hours.

## **II Safeguards for adoption**

### **EVIDENCE OF NEED**

Good adoption laws and procedures protect the child, the natural parents, and the adoptive parents. They prevent the placement of children in homes where they are unhappy and uncared for. By safeguarding the legal rights of both natural and adoptive parents, they promote successful adjustments of children to adoptive homes.



Not more than one-fourth of the States have adoption laws that approximate the standards believed to be essential for adequate protection of children. Although within the last 5 years some 40 States have improved their legislation in some respects, adequate legal safeguards for adoptions and related procedures are still not generally provided.

## **ACTION PROPOSED**

Most States should review and improve their laws on adoption and related laws that have a bearing on adoption procedures.

The following recommendations regarding standards for such laws have been made by the Children's Bureau:\*

### **ADOPTION LAWS**

- a. Adoption proceedings should be before a court accustomed to handling children's cases, in the locality or State where the petitioners for adoption reside and are known. Court hearings should be closed to the public, and the confidential nature of the records should be assured.
- b. The interrelated functions of legal and social protection should be recognized by a provision incorporated in the adoption laws which requires that the State welfare department be informed of all adoption petitions and, through its own staff or through private or local public agencies designated by the department, assist the court having jurisdiction over adoptions by making available to it information regarding the child and the proposed adoption home.
- c. Consent to adoption should be obtained from the natural parents, or if their parental rights have been legally relinquished or terminated, then from a person or agency having legal responsibility for the child and the right to consent to his adoption.
- d. A period of residence in the adoption home, preferably for a year, should be required prior to issuance of the final adoption decree, so that the suitability of the adoption may be determined. Provisions should be made for removal of children from homes found to be unsuitable, and for their care and guardianship after removal.

### **RELATED LAWS**

Safeguards should be provided in related laws, such as those affecting relinquishment of parental rights, regulation of child-placing services, and

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\*Essentials of Adoption Law and Procedures (Preliminary Draft). U. S. Department of Labor, Children's Bureau, Washington, December 1944.



determination of guardianship and custody of children, to make sure that in all such matters, as well as in the adoption proceedings, the welfare of the child is safeguarded as well as the rights of the parents.

Laws in regard to the termination of parental rights are particularly important to safeguard the interests of the child. The rights and obligations of the natural parents should usually be terminated before placement of the child in the adoptive home. In the instance of an unmarried mother, unless she is giving consent to a particular adoption by relatives, friends, or others known to her, she should relinquish the child to a child-placing agency which would then be a party to the adoption proceedings.

It should be made a statutory requirement that no transfer of rights in a child shall be valid and binding without judicial sanction. Furthermore, it is important that the State welfare department, or its authorized agency, shall have responsibility for investigating and reporting to the court in relation to transfer of parental rights similar to the responsibility given the department for assisting courts in determining the desirability of proposed adoptions.

Sound legislative procedures should be supported by adequate provisions for medical care and social services for the unmarried mother and for such care as the baby may need. Responsibilities which may be placed upon State departments of public welfare will accomplish little for the protection of children unless funds are provided for employment of the necessary skilled staff. Adequate financing of public and private agencies providing services for unmarried mothers and their children is essential. An adoption law cannot be fully effective for the protection of children unless the necessary provisions for placement in foster-family homes and other forms of child-welfare service are available in a community.

### **III Continuous State and community planning for children and youth**

The Committee on Plans for Children and Youth, in conference and consultation, has reviewed the efforts that have been made in many States during the war and previously to develop programs and concerted leadership in behalf of children and youth. The following presentation is from a committee statement that seeks to draw from this experience suggestions as to how planning for children and youth can be carried on effectively.\*

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\*The full statement will be issued by the Children's Bureau under the title "State and Community Planning for Children and Youth."



Interest in comprehensive plans for the health, education, and welfare of children and for the suitable employment of youth has been expressed in activities of the follow-up committees of the 1930 and 1940 White House Conferences on Children and during the war period in the development of committees on children under State defense councils and in the establishment of special youth commissions under various titles.

## **STATE PLANNING FOR CHILDREN AND YOUTH**

States differ greatly in the development of general social planning, in the extent to which planning for children and youth has been carried on in the past under White House Conference committees, defense councils, or other auspices, and in the adequacy of present provision for such planning. It is impossible to outline a pattern which would be equally applicable to all States. Planning must still be regarded as a pioneer undertaking, in a fluid and experimental stage.

### **SUGGESTIONS FOR ORGANIZATION**

The following suggestions drawn from the experience of State committees during recent years are offered in the hope that they will be helpful to States that do not have an effective planning agency for children and youth or that feel the need to provide for the continuance or modification of existing planning bodies in the children's field. The type of organization and the procedure best suited to each State must be determined by those in the State who have first-hand knowledge of conditions and possibilities.

#### **1. Emphasis on children and youth in work of general planning agencies**

Planning for children and youth should be an important part of planning for the whole population. State planning boards and similar bodies engaged in planning to meet the needs of the whole population should give major consideration to planning for children and youth since their welfare and the opportunities they have for the development of their capacities and powers are of first importance to the future of the State and the Nation.

#### **2. Planning agency for children and youth**

Whatever the resources available for general planning there should be in each State a continuing body representing the concern of the community for children and youth. This body should be charged with responsibility for reviewing conditions affecting children and youth and the obstacles to their full development. It should promote and assist in developing sound social policies and services for all



children and youth, as needed, wherever they may live, and whatever the circumstances of their personal and family life.

### 3. Name

The name of the body might be the State council or commission on children and youth.

Whether the term council or commission is used, the organization should function not as a body of delegates of various agencies, but as a group of informed and competent persons in a position to exercise personal judgment on the issues that arise.

### 4. Authority and auspices

Where there is a State planning board whose membership and program are appropriate, the council or commission on children and youth might well function under its auspices. If not so organized, the council might be appointed by the governor and directed to perform such functions as he may prescribe.

To be fully effective, the council on children and youth should be authorized by act of the legislature, and should be required to report to the governor and the legislature, directly or through the planning board.

In some circumstances, it may be desirable to set up the council under voluntary auspices of such prestige as to enable it to obtain the active cooperation of State officials and the interest of the legislature. Such a council might have as one of its objectives the establishment of an official planning body for children and youth as soon as feasible.

### 5. Functions

The functions of the council on children and youth should be:

- a. To ascertain the facts concerning the children and youth of the State.

Successful planning in any field involves collection and interpretation of facts concerning needs to be met, services available, and the utilization of these services by those for whom they are designed. This requires adequate research.

Such research should be carried on, whenever possible, by the departments or agencies of the State government responsible for providing services in the fields of health, education, social welfare, employment, and related services. It should be the responsibility of the council on children and youth to utilize and correlate results of such research done by these and other



agencies, both public and private; to encourage and promote the development of adequate research programs as an essential part of the work of these agencies; and to conduct such fact-finding activities of its own as may be necessary to supplement the information otherwise available.

- b. To review legislation pertaining to children and youth and appropriations made for services in their behalf and to consider revisions and additions needed.
- c. To appraise the availability, adequacy, and accessibility of all services for children and youth within the State.
- d. To consult with public agencies, private agencies, and citizens' groups, including youth groups, on the services available, the degree to which the needs of children and youth are being met, and the measures that should be taken to meet these needs.
- e. To formulate proposals for action on behalf of children and youth in specific fields such as health, child guidance, social service, education, recreation, child labor, and youth employment, to be submitted for consideration to administrative officials, legislative bodies, voluntary agencies, and citizens' organizations.
- f. To report findings to the public through printed material, press, radio, motion pictures, conferences, and other channels.
- g. To maintain contact with Federal officials and agencies concerned with planning for children and youth.
- h. To encourage and foster local community planning and action.
- i. In general, to provide a center of information on children and youth and to promote action in their behalf. The council's work should be supplemented by citizens' organizations which study the recommendations made and give their active support to those that, in their judgment, promise constructive achievement in behalf of children and youth.

## **6. Relationship to other organizations**

The council on children and youth should have a close working relationship with other organizations whose functions include research, planning, and support of programs of action.

- a. Planning by councils on children and youth should be correlated with planning for all groups of the population.
- b. Councils on children and youth should relate their work to the work of bodies planning for the whole population in special



fields such as health, housing, education, recreation, social security and family welfare.

- c. Administrative departments of State government responsible for conducting programs benefiting children should bring to the attention of the council on children and youth unmet needs and their recommendations as to programs and legislation to meet these needs.
- d. The council on children and youth should not take the place of advisory committees needed by State departments to assist in the formulation of policies for the administration of services for children.

## **7. Membership and organization**

- a. To be adequately representative of the citizenship of the State the membership should be drawn from official State agencies and from the general public and should be broad enough to assure planning in all the major fields of service to children and youth.
- b. State departments concerned with health, education, social welfare, labor, and related programs directly affecting children and youth should be represented by officials nominated by the department heads for a fixed term contingent upon continuance of official status.
- c. Nonofficial members should be chosen because of their broad interest and knowledge, their ability to make contributions in specialized fields, their concern for children, their effectiveness in promoting the interests of children, and their ability to make articulate the points of view and the problems of various groups in the population to the end that the needs of all children may be known and considered. It is important that the membership include persons representative of major groups of citizens interested in children and of numerically substantial racial groups. Nonofficial members of the council should be appointed for overlapping terms.
- d. The size of the council should be such as to assure wide representation and effective executive action. This can be accomplished through—
  - (1) Small membership (for example 11 to 15) with committees on which persons not members of the council might serve with council members, or
  - (2) Large and representative membership, with a small executive committee and such other committees as are necessary.



- e. Whatever the membership of the council, provision should be made for consultation on special subjects with representatives of different groups and interests. Youth should be encouraged to contribute to the work of the council in terms of their experience.
- f. The chairman of the council should be in a position to give broad leadership without undue emphasis on any one field of interest.

## **8. Financial support**

- a. It is desirable that funds for the council on children and youth be provided by direct legislative appropriation to the council or to the State planning board when it is a part of that board.

As alternatives, funds might be allotted from those available to a department or departments of the State government, or might come in whole or in part from contributions by private agencies, foundations, or individuals.

- b. Under any plan, financial support should be adequate to provide for effective staff service and committee work. Experience has shown that the following are essential for the most effective work:

- (1) A competent and qualified executive secretary.
- (2) Staff for assembling and analyzing factual material and distributing information.
- (3) Clerical and stenographic staff.
- (4) Travel for council members, staff, and members of advisory groups, as necessary.
- (5) Printing, supplies and equipment, postage, and rent if free quarters are not available.

## **COMMUNITY PLANNING FOR CHILDREN AND YOUTH**

The following general principles appear from experience to be basic to community planning for children and youth that will be carried on into the reconversion and post-war periods:

- 1. Community planning includes physical planning, economic planning, and social planning, each impinging on the others. In order to plan for land use, transportation, and utilities, it is necessary to know how the people of a community make their living and how agricultural, manufacturing, trade, and service industries are de-



veloping. In order to plan for housing, parks, stores, health centers, schools, social services, libraries, streets, police protection, and transportation, it is necessary to know how people live, where they work, buy, and play, what their health problems are, what their school needs are, the relation of incomes to rents and food costs, and many other economic and social factors. Such planning also requires knowledge of density of population and of areas where social problems are especially marked.

2. Planning must be based on adequate study and research. Without this underpinning, it may become planning by *opinion* and its character may be determined by special interest or pressure groups.
3. In every community there should be a group of people interested in planning to meet the whole range of human needs, the organization for planning varying among larger and smaller communities and rural areas. In urban areas several different organizations may be interested in various aspects of planning. Their activities should be related in some way to a community-wide and comprehensive planning agency. In rural areas community planning usually is closely related to county agricultural planning activities.
4. There should also be in every community a group of citizens reviewing what children and youth need, exploring the extent to which those needs are met, and stimulating community agencies and planning groups to develop the services or policies found to be necessary.
5. Public authorization, official appointment, and public support are desirable for county or community planning bodies responsible for physical, economic, and social planning.
6. Planning groups should include the administrators whose programs may be affected, and nonofficial persons in sufficient numbers so that they will be really vocal in the group. Broad citizenship representation is essential in community planning.
7. Official community planning bodies should have close working relationships with voluntary planning councils and organizations, including among others, councils of social agencies.
8. Public and private agencies should develop effective means by which day-by-day cooperation and coordination of their operating programs can be accomplished. From this experience such agencies can bring to the attention of planning bodies many evidences of need for long-term planning that should be undertaken.
9. In maintaining effective cooperative relationships with agencies operating programs for children and youth the community plan-



ning body should draw upon such agencies for information and suggestions.

10. The existence of broad planning bodies in a community will not take the place of the advisory committees needed by operating agencies to help guide the administration of their programs and to point out the directions in which they should be expanded or modified.
11. Whatever the planning structure in a community, there will be need from time to time for the establishment of special committees to deal with special problems. Through such committees the vitality of new groups and individuals who have not previously been active participants can be brought into community activity and planning.
12. Committees planning for children and youth can stimulate the organization of general community planning bodies, recognizing that the planning body that considers all age groups is needed, as well as the body especially concerned with children.

Every community has its own resources in experience, leadership, and ways of accomplishing common objectives. These will determine its choice of the kind of organization needed for postwar community planning. An existing planning agency may be used, with such changes in structure or functions as may be necessary, or a new agency may be established whose functions will include the development of working relationships with other agencies or groups serving in part, but not wholly, community needs for social planning.

Planning should be regarded as a public function which should be discharged by a body bringing into effective participation public officials, those engaged in community services under private auspices, and representative citizens. Public sponsorship and auspices are desirable.

In some cities the welfare federation or council of social agencies may be sufficiently broad in its representation of community interests to be the natural center for community planning. Perhaps in some instances a body created to deal with a particular problem, such as juvenile delinquency, may be expanded to cover the broad field. Where a local committee has been organized as a part of a State-wide plan for follow-up of the White House Conference recommendations, this group may be the one which should be responsible for developing the community program for postwar years or a defense-council committee on children in wartime may be the logical nucleus of the group which will be concerned with long-range planning. Whatever the origin, the planning body should be organized in a manner which will assure its acceptance by the community as a center for community-wide planning for children and youth.

The planning body for children and youth will find many organizations



in a position to cooperate in the development of its work—parent-teacher associations, youth groups, clubs, leagues of women voters, church groups, and business, labor, and farm organizations—each with its own committees and programs relating to children and youth. Such groups will welcome community-wide planning that will make use of and strengthen their interest and effort in behalf of youth.

## **SUGGESTIONS FOR ORGANIZATION**

The following suggestions may be helpful to communities considering ways of equipping themselves for the type of planning that will give children and youth the opportunities essential for their full development:

### **1. Continuing community planning agency for children and youth**

There should be in each community (city, town, or county) a continuing body charged with responsibility for reviewing conditions affecting children and youth and for promoting the development of adequate services for the whole community.

The services needed for children still under family control and for older boys and girls approaching adult independence will differ in some degree. One committee can effectively deal with the problems of both age groups provided the membership of the committee includes individuals familiar with the needs of each age group. This will eliminate the inevitable overlapping that would result from having two committees and provide for consideration of the whole cycle from infancy to maturity.

### **2. Name**

This body might be called a commission or council on children and youth, with the name of the city or county in the title.

Whatever term is used, the organization should function not as a body of delegates of various agencies, but as a group of informed and competent persons in a position to exercise personal judgment on the issues that arise.

### **3. Area covered**

The area to be covered will be the county, city, town or village and surrounding farms, depending on the habits of association of the community under consideration and the governmental units responsible for services for children.

There are advantages in using the county as the planning area since certain public functions with reference to children are usually vested in county government. County agencies are, in general, the outlets for the programs to which the State and Federal Governments con-



tribute. Together, the county units in a State afford complete coverage for planning for the needs of all children in the State. However, county lines sometimes have little relation to the natural areas of community life, and the communities and organizations within a county sometimes do not have sufficient cohesion to make it possible for a county planning body for children and youth to exercise effective leadership.

A city and its adjacent suburbs (or a town or group of towns, as in New England) may be the best area for a planning body for children and youth, particularly if there is a council of social agencies or a municipal planning body covering the area. In such cases the communities in the county may cooperate in making plans that are county-wide in their scope.

In cities and in rural areas there are neighborhoods where the citizens naturally associate and plan for their common interests. Such neighborhood groups may be drawn into the study of conditions affecting the well-being of children and youth and into the discussion of plans for children in their home neighborhoods and the whole community. They will then be ready to assume their appropriate responsibility in seeking action needed within the neighborhood and to join with others in seeking community-wide action on broader programs.

#### **4. Authority and auspices**

It is desirable that the commission or council for children and youth be organized under public auspices. Whatever the auspices, the body should be in a position to give effective leadership.

**a. Public sponsorship may be provided through—**

- (1) Authorization and financing by the city council or commission, or by the county board.
- (2) Appointment by the mayor, city council or commission, or county board.
- (3) Appointment by an official community planning body responsible for planning for the whole population.
- (4) Appointment by the official defense council or its post-war successor.

**b. Voluntary sponsorship may come from a voluntary community organization, such as a council of social agencies, provided the interests of the whole community are represented. It is essential that such an organization give adequate emphasis to the role of public agencies in social planning, and recognize that planning**



for all the needs of children and youth in the community goes beyond the programs of the agencies that are financed through community chests.

## 5. Relationship to general community planning

The commission or council for children and youth should be a part of or should work in close relationship with community agencies responsible for general or for social planning for the entire population. The needs of children must be given consideration in all areas of community planning, and especially in planning which relates to family welfare and family services. Similar committees cutting across functional lines may be needed for other population groups but the need for such service is particularly important for children and youth.

Whenever possible, the children's planning agency should influence general planning in directions favorable to children and youth. It should draw together and evaluate from the point of view of children's needs the functional planning that goes on in specialized fields, such as housing, health, recreation, education, and family welfare. Such planning is frequently carried on under the auspices of a council of social agencies.

## 6. Functions

The commission or council should be concerned with what is happening in the community to children and youth and what lacks exist in the community provision for their welfare.

Experience indicates that the commission or council should deal with all phases of community service and protection for children and youth—relating to home life, health, education, recreation, cultural interests, social services, and employment protection and opportunity. It should bring together agencies working in different fields in order that the composite of services needed and the problems of each agency in providing its share of such services may be understood.

Paralleling the State council, the community commission or council should:

- a. *Know* what is happening to children and youth.
- b. *Review* legislation affecting children and youth.
- c. *Appraise* all services for children and youth.
- d. *Consult* with all agencies serving children and youth.
- e. *Draw up* proposals for action in behalf of children and youth.



- f. *Report* findings to the public on the needs of and programs for children and youth.
- g. *Maintain* contact with State agencies planning for children and youth.
- h. *Recommend* constructive programs for children and youth.

## 7. Membership and organization

- a. Planning a program of community action involves first of all utilizing the experience of people who have dealt with human problems on a community basis. Membership of the commission or council should, therefore, include men and women who have taken an active part in community services during the depression and the war, as well as persons whose professional equipment will make available to the committee guidance in the various fields in which technical knowledge is essential to the development of a sound program.
- b. Agencies and groups drawn into the work of the commission or council, through membership in the planning body itself or through committee work or in other ways, should include the following: public-health and social-welfare administration and the school system; county extension service; family-welfare and child-caring and protective agencies under private auspices; the juvenile court and law-enforcement agencies; church groups; racial groups; libraries; recreational and youth-serving agencies; housing agencies; labor and employer interests; farm organizations; civic clubs; parent-teacher associations; and similar organizations of men and women concerned with various aspects of community life.
- c. The commission or council may be a relatively small group—11 to 15—of recognized leaders in services for children and youth, plus officials of public agencies conducting programs in their behalf. An alternative plan would be to create a large representative group, with a small executive committee and such other committees as are necessary.

If small, the commission or council will find it necessary to provide for wider participation through committees appointed to study special problems and through meetings at which representatives of all interested groups can discuss the proposals under consideration.



Whatever the membership, provision should be made for consultation on special subjects with representatives of different groups and interests.

- d. Youth should be encouraged to participate in the planning, either through the cooperation of youth groups or through service on committees on which they can make a contribution in accordance with their experience.
- e. The members should be appointed for definite, overlapping terms.
- f. The chairman should be selected for his ability to give broad and effective leadership without undue emphasis on any one field of interest.

## 8. Financial support

If the commission or council is under public auspices, funds for financing it should be provided from public sources by direct public appropriation, from the funds of an official community planning body, or from the mayor's contingent fund.

Private funds may be obtained from community chests, foundations, or personal contributions.

The funds should be sufficient to provide for adequate staff, public-information service, the mimeographing of material for consideration by the commission or council, and the printing and distribution of publications presenting findings and proposals to the public. In some cases staff may be loaned by other agencies, but this resource should be used only when the individual staff member can be loaned for a sufficient amount of time to see assigned work through to accomplishment.

At the start the amount needed for the work of the commission or council should be determined on an annual basis, and so far as possible the funds for a full year should be obtained or assured while the initial proposal for its work enlists strong interest.

The commission or council for children should work in close relationship with the State planning body for children and youth. (See functions of State planning body for children and youth.) It is important that the development of community plans proceed in harmony with State-wide planning and take into consideration the financial assistance and service that is or should be available from State agencies. If the commission or council covers an area smaller than a county, its work must be related to planning in other areas within the county, and to functions of county government.



## PROPOSALS FOR IMMEDIATE STUDY

### I Correlated mental-hygiene program for children and youth

In a broad national policy of conservation of childhood and youth, mental health should be one of the objectives to be sought through a correlated program embracing all professions, agencies, and organizations, public and private. Such a program should be formulated subject to periodic revisions, with the professional helpers in the field of child development constantly clarifying the values outlined, their respective responsibilities in the field of child development, and the share that they can take in translating the program into a plan of action. A postwar committee representing psychiatric and related associations has submitted as a basis for study, a statement outlining the mental-hygiene needs of children. The following outline is abstracted in large part from this statement.\*

Among the assumptions, approaches, and methods to be considered as offering promising leads to furthering a program of mental health among children and adolescents are the following:

1. Mental health must be attained by meeting the successive tasks of life with courage and with adequacy and must be maintained by developing a style of life compatible with the individual's personality make-up and needs.
2. Since the family in transmitting cultural traditions to the next generation forms the matrix out of which the individual child's personality arises and since many traditional ideas about children are responsible for the warping of the child's personality, a program of mental hygiene must encompass the care and rearing of children in the family. Such a program must take into consideration also special pressures such as those growing out of membership in a minority group, special cultures, economic limitations, and other family circumstances that subject the child to experiences and influences that are unusual for the population generally.

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\*A copy of the full statement of the committee entitled "Mental Hygiene for Children and Youth" may be obtained from the Children's Bureau on request.



3. Through many channels professional workers including physicians, obstetricians, pediatricians, public-health nurses, social workers, teachers, pastors, and others help men and women to gain a better understanding of what they can and should do in child care and rearing. In the education of these professional workers there is opportunity to give them the insight and understanding necessary for the promotion of mental health in their several practices. With a broad understanding of child growth and development it will become increasingly easier for the different professions to articulate their work and develop a closer, more cooperative relationship.
4. The nursery school, the elementary and high schools, the churches, the child-guidance clinics, and the youth agencies are among the agencies that help the preschool child, the elementary-school child, and the adolescent to meet basic life problems. Since the family may turn to the teacher, the public-health nurse, the home-economics demonstrator, the family doctor, the pastor, or any other person for advice and help far beyond the professional competence of the individual consulted, it is important to give to professionally trained individuals some orientation so that they will know where to refer the family for specialized treatment and advice.

The formulation of a coherent program embracing all the agencies and personnel is one of the major tasks. When formulated, funds should be available for carrying out the program. To this end there should be established a consultation and advisory service to the States and communities to help them plan psychiatric and mental-hygiene services for children, and to effect a close working relation between the various Federal agencies in this field. Provision should be made for encouraging and assisting the States in the development of clinical and consultative facilities to help children or agencies serving them.

## II Guardianship of children

Little is known about the large numbers of children who are under guardianship in the country. From the limited information available, however, there are evidences of neglect, exploitation, and flagrant abuse of trust in the guardianship of the person and the property of children. As the large number of minor wards who are beneficiaries of provisions for veterans and their dependents or receive social-security benefits will increase markedly during and after the war, the guardianship of children becomes an issue of immediate concern.

A Nation-wide study of child guardianship is needed. It should be conducted in cooperation with public and private welfare agencies and legal groups. There should be clarification of the rights and responsibilities of



the child, the parent, the guardian, the court, the lawyer, the social agency, and the social worker in guardianship matters. Standards should be developed for the complete and adequate protection of the person and the property of minor wards. Legislation and administrative organization should be proposed on the basis of these standards, and the cooperation of the States enlisted in making them effective.

### **III Leisure-time services**

Wartime strains on children and youth have led to an increase in extended school recreation, day camping, teen-age center, and leisure-time programs for young employed and migrant youth. After the war family dislocations and changes in life for young workers, young veterans, and teen-age youth will call for still more facilities and leadership in recreation for children and young people.

The extension of recreation is especially needed in small towns, in neglected neighborhoods of cities, and in children's institutions. Emphasis should be placed on the needs of migrant families, of minority groups, and of children with mental, physical, and emotional handicaps. Expansion of recreation facilities should be planned for older adolescents who are not now as well served as younger children.

The responsibility for such extension of recreation for children and youth rests upon several agencies of Federal and State Governments together with voluntary agencies and organizations.

Continued study and special emphasis should be given to:

1. Expansion and development of recreation as a public responsibility along with education, health, and welfare, through more adequate municipal, county, and school-district appropriations for recreational leadership, programs, and facilities. This calls for joint Federal and State stimulation and encouragement of community recreational programs. Current developments in State organization for recreation are significant and warrant study.
2. Construction of community recreational facilities under public-works programs and as war memorials, as part of community plans for recreation, with continuing provision for personnel, equipment, and maintenance.
3. Expansion of camping facilities and programs, including youth work camps, youth hostels, camps for mothers and children, mobile and caravan camping, week-end camping, year-round, and coeducational camping.



4. The role of the school in recreation, including the development of school programs which give guidance to children and youth in the intelligent choice and appreciation of various forms of recreation, and the utilization of school facilities and programs for recreational purposes.
5. Special services for physically handicapped and emotionally disturbed children, and for those who do not fit into existing programs and regular groups.
6. Development of recreational programs as a means of contributing to the establishment of better race relations. While recreation is one of the points in a community at which tensions are likely to occur, it also offers opportunities for experience in tolerance and mutual appreciation.
7. Planning for recreation by public and voluntary agencies, together with parents, churches, and other groups. Such planning should be directed toward the extension of service to all groups regardless of economic, social, or racial status, and to areas which have not developed recreational services for children and youth.
8. Development of principles and methods of local, State, and Federal planning for recreation services.
9. Ways of extending responsibility for planning and management of programs by youth, through youth councils and committees.
10. Methods of developing wider recognition of the need for competent personnel trained in the understanding and guidance of children and youth and for adequate appropriations to pay for such trained workers. Emphasis should be placed also on selecting, training, and supervising volunteers in the recreational leadership of youth.
11. Increased provision and use of wholesome commercial recreation, such as motion pictures, dance halls, bowling alleys, swimming pools, and skating rinks, under proper supervision.

## **IV A program for youth**

The reconversion and postwar periods will bring both large opportunities and serious problems for youth. A time of building world organization, of restoring peaceful relations between peoples, and of achieving higher standards of living for all our people will provide plenty of scope for adventurous youth. However, the disturbing effects upon older adolescents of changing jobs, returning to school and going home after working or serving away from home will be heightened by the fact that adults will be undergoing similar dislocations at the same time. Many young people will need help in securing an education adapted to their interests and needs. Student aid when necessary, placement service, and a suitable job should be avail-



able. These together with access to health services and leisure-time activities are needed by all youth, but they are often not available.

The welfare of youth cannot be separated from the welfare of the entire population. The problem of providing jobs for youth is part of a larger problem of providing jobs for all who are able and willing to work. A return to mass unemployment is intolerable. It must be a primary responsibility of government to provide constructive noncharitable employment for all employable persons whom industry and other nongovernmental agencies cannot or will not employ. The need is not for breadlines but for production lines. Should the curse of mass unemployment reappear it cannot be cured by emergency programs such as Civilian Conservation Corps, National Youth Administration, and Work Projects Administration, but by reform of our economic institutions to permit the nation to continue to produce and consume. The role of government in our economy must be not only to supplement private employment when necessary but also to afford guides and channels for democratic planning for plenty and security.

During the period of reconversion, services will be needed to assist youth in their readjustment. Some youth will need apprentice training, others will require residence-club facilities away from home. Many will seek guidance. Counseling services by qualified persons to help young people in choosing their activities, in taking full advantage of services the community offers, and in making plans for the future, should be available to all—in the school, and in the placement office, and in connection with other programs in which young people participate.

In the reconversion and postwar period these basic services, now very unevenly and often inadequately available, will need to be strengthened and extended.

In setting forth a program for youth several tasks call for attention. These are (1) to define needs and wants of youth; (2) to point out the inadequacies and gaps in present services designed to meet these needs; (3) to find means of stimulating effective joint planning for services to youth; and (4) to formulate principles which should guide the assumption of responsibilities by local, State, and Federal governments and govern the flow of Federal funds to the point where the desired service can be given an individual young person.

It will take further study to develop workable comprehensive programs to this end. The following phases of study are outlined in fields where needs are comparatively clear:

### **1. Student aid**

To enlarge opportunity for full education there is needed a public program of student aid so that no young person will be handi-



capped by lack of funds in obtaining a secondary education, and so that all young persons who will profit thereby can take advantage of advanced education in vocational and agricultural schools, technical institutes, colleges, professional schools, and so forth. Exploration should be made along the following lines: (a) the extent of the need, (b) ways of meeting the need, including financial assistance or scholarships from Federal funds. Special attention should be given to determining a fair basis of eligibility, avoiding as far as possible the undesirable effects of a need or means test. Consideration should be given to experience in administering the educational benefits provided for veterans by the "G. I. Bill of Rights."

## **2. Placement services**

Placement and related counseling services should be available to all young people interested in obtaining employment. The basic services of the public employment offices should be strengthened. Exploration is needed to define the character of the service appropriate for inexperienced young people and to outline desirable relationships in placement service between youth and adults and between public employment centers, schools, and other agencies.

## **3. Opportunities for combining employment and education**

Exploration as to the need for extending and improving programs that afford opportunities to combine employment and education is important if education of young people is to be carried as far as desirable and if employment is to begin for many young people at a stage when they will profit from work opportunity. This exploration should include consideration of programs for combining work and school for certain high-school students and the criteria for successful programs of this type, as well as programs for apprentice training and for employment combined with vocational and professional training.

## **4. Opportunities for work in public-service projects**

As a means of encouraging appropriate employment opportunities for young people who are ready for work, consideration should be given to desirable alternatives to some of the types of jobs taken by young people during the war, and especially to the possible expansion of public-service projects, such as soil or forest conservation, which would provide many jobs suitable for and interesting to young people. This exploration should include consideration



of the means by which the special needs of youth can be given recognition in the planning of public-works and public-service projects intended to assist in maintaining a full employment economy.

## **5. Counseling**

The ways in which counseling resources of various agencies serving young people in the community can be strengthened and interrelated should be studied. There is widespread need not only for more counseling service and service of higher quality, but also for development of techniques by which counselors in each agency can be kept fully cognizant of other counseling and service resources in the community to the end that each counselor may explain to the young people with whom he is in contact the services they can obtain from other agencies.

Many boys and girls who have cut short their schooling to go into war work may be left without jobs in the reconversion period. They will be in special need of good counseling service to encourage them to resume their education or direct them to whatever activities seem most appropriate—opportunities geared to their special needs and interests. Because they will have developed more mature attitudes, many will not be satisfied to return to the usual high-school courses.

## **6. Problems of migrant youth**

Two groups of young people are in need of special attention in planning for services to youth. These are the young war workers who have gone without their families to war production centers, and the children and young people who migrate with their families for seasonal agricultural work. Both are handicapped by lack of knowledge of what the new community can offer and by being regarded as outsiders for whom the community feels little or no responsibility. The acute unmet needs of young migrants without their families, who at present are usually at work in full-time industrial jobs, are for housing, adult guidance, and wholesome leisure-time activities. Their needs in the future will include also training, new jobs, and possible relocation. For those migrating with their families for agricultural employment the problem is one of furnishing essential shelter and sanitary facilities, controlling child labor, providing schooling, and protecting their rights as workers. Unless special attention is given to the needs of these migrants, who often move from State to State, community services are likely to fail to reach them.



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